PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This for appropriate All further conditions and the second control of the	rno/hould be used in the second in the secon	or transmitting the Patent, nerwise in Blo	g the ISS advance cock 1, by (UE FEE and PUBLIG orders and notification (a) specifying a new of					
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 34375 7590 08/01/2007 NATH & ASSOCIATES PLLC 112 South West Street Alexandria, VA 22314					papers. Eachave its ow	A certificate of mailing can only be used for domestic mailings of the s) Transmittal. This certificate cannot be used for any other accompanying rs. Each additional paper, such as an assignment or formal drawing, mustis own certificate of mailing or transmission. Certificate of Mailing or Transmission eby certify that this Fee(s) Transmittal is being deposited with the United Service with sufficient postage for first class mail in an envelope essed to the Mail Stop ISSUE FEE address above, or being facsimile mitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name) (Signature)			
APPLICATION NO.					<u> </u>			(Date)	
APPLICATION NO. 10/551,049	99/27/2005		FIRST NAMED INVE				DOCKET NO.	CONFIRMATION NO.	
TITLE OF INVENTION: CYCLIC BENZIMIDAZOLES					a	11/02/2007 AWOHDAF 01 FC:8001 02 FC:1504		9.00 OP 300.00 OP	
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. BARKER, MICHAEL P		162	6	514-293000					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				(1) the names of a or agents OR, alter	ip to 3 reginatively, single firm (or agent) a attorneys o	le firm (having as a member a agent) and the names of up to procys or agents. If no name is			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNO Altana Pharma Please check the appropriate	an assignce is identi 137 CFR 3.11. Comp EE AG	fied below, neletion of this f	o assignee orm is NO	data will appear on t T a substitute for filing (B) RESIDENCE: (C	he patent. It gan assignment and ST	nent. FATE OR COUNTRY) any		ocument has been filed for	
4a. The following fee(s) are XX Issue Fee XX Publication Fee (No si	A check is enclos Payment by credi The Director is he	A check is enclosed. A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number							
5. Change in Entity Status a. Applicant claims SN			1 27	_		ming SMALL ENTITY s			
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Authorized Signature	21	Aftif	ademark	Diffice.	Da	te November 1,	2007		
Typed or printed name		Registration No50,454							
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313- Under the Paperwork Reduct					or retain a s estimated ndividual cafficer, U.S. S TO THIS	benefit by the public white to take 12 minutes to corase. Any comments on the Patent and Trademark O ADDRESS. SEND TO:	ch is to file (and mplete, including ne amount of tin ffice, U.S. Depa Commissioner	by the USPTO to process) g gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	



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Atty. Docket No. 26963U

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Notice of Allowance: 08/01/2007

CHIESA et al.

Group Art Unit: 1626

Serial No. 10/551,049

Examiner: Michael P. Barker

Filed: September 27, 2005

Confirmation No. 4645

For: CYCLIC BENZIMIDAZOLES

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Submitted herewith for filing in the U.S. Patent and Trademark Office is the following:

- (1) Transmittal Letter:
- (2) Part B-Issue Fee Transmittal;
- (3) Check No. 5205 \$ 1,700.00 for Issue Fee and Publication Fee;
- (4) Check No. 5206 \$ 9.00 for 3 Advance Order Copies.

The Commissioner is hereby authorized to charge any deficiency or credit any excess to Deposit Account No. 14-0112.

Respectfully submitted,

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